

FAQs about Maricopa County's Behavioral Health Program

The following are frequently asked questions about the Behavioral Health benefit for Maricopa County employees and their dependents.

What is a Behavioral Health Program?

A behavioral health program provides mental health and substance abuse services. These services can be in either an:

- Office-based or outpatient setting
- Hospital-based inpatient care setting

Maricopa County's behavioral health program is being provided by Magellan Health Services, the leader in providing managed behavioral health care services and employee assistance programs.

Who is Eligible for Behavioral Health Services?

The behavioral health benefit is provided to you and your eligible dependents that are enrolled in a CIGNA medical plan (except for CIGNA Choice Fund Medical Plan). However, if you have waived your medical coverage, you are not eligible for behavioral health and substance abuse services.

What Behavioral Health Services are Provided?

The behavioral health services provided support your well being. These services help you deal with a wide range of issues, including:

- Depression
- Severe stress and anxiety
- Alcohol or drug dependency
- Eating disorders
- Grief and loss
- Anger management
- Compulsive gambling
- And more

Through these services you can receive confidential counseling whenever you and/or your eligible dependents are faced with a personal challenge. Protecting your confidentiality is Magellan's top priority. All records, including personal information, referrals and evaluations, are kept confidential in accordance with federal and state laws.

How do I Access Behavioral Health Services?

Accessing services is easy! By calling **1-888-213-5125**, you and your covered dependents have access to a wide range of quality, affordable behavioral health and substance abuse treatment services. Services include:

- Outpatient assessment and treatment
- Alternative care such as partial hospitalization, intensive outpatient and day treatment programs
- Inpatient assessment and treatment
- Individual and group treatment
- Crisis intervention
- Treatment follow-up and aftercare

What is a Provider Network?

Providers who have agreed to provide services for Magellan are in the Magellan Network. In order to receive the maximum benefit, you must use providers who are within this network.

Your benefits also include limited outpatient out-of-network coverage which allows you to receive services from providers who are not contracted with Magellan. These services will be covered at the lower out-of-network benefit level.

Magellan's behavioral health and substance abuse network includes:

- Psychiatrists
- Psychologists
- Certified substance abuse counselors
- Licensed independent social workers
- Professional clinical counselors.

The network also includes hospitals, community mental health centers and other treatment centers. Because Magellan's network is so extensive, the care you need is never far away.

How can I find out if my provider is in the Magellan Network?

You can call **1-888-213-5125** or log onto www.MagellanHealth.com to do a provider search.

Can Sheriff's Office employees still call the Sheriff's Office Behavioral Health Unit?

Yes. In addition to the behavioral health and substance abuse services provided by Magellan, Sheriff's Office employees and their dependents may access the Sheriff's Office Behavioral Health Services Unit by calling 602-876-1852.

Important Guidelines about Your Behavioral Health Program

Below are some important guidelines to keep in mind when using Magellan's services:

- To ensure that you receive the highest benefit coverage, make sure you call Magellan before seeking behavioral healthcare services.
- It is important for you to understand that in-network benefits received through a participating provider are payable only if each service is determined to be medically necessary and is approved by Magellan before you start treatment. Contact Magellan at 1-888-213-5125 for prior approval.
- Higher levels of care (such as inpatient, residential, intensive outpatient, and partial hospitalization) received on an out-of-network basis require prior approval by Magellan Health Services.
- Outpatient services received out-of-network with a non-contracted provider (not in the Magellan network) do not require prior approval. The Plan pays \$25 per visit for non-contracted provider. All other costs after plan payment of \$25 per visit are the member's responsibility.
- Magellan recognizes there may be times when you feel that emergency care is needed for a life-threatening circumstance. In these situations, notify Magellan as soon as possible. .

Who Can I Call if I have More Questions?

Please do not hesitate to contact Magellan at **1-888-213-5125** if you have any questions about your behavioral health and substance abuse benefits.